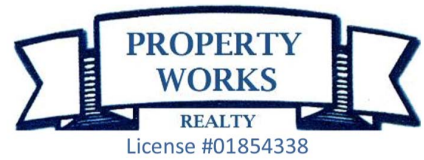


Date: _____

Vacancy Address: _____

Asking Rent Amount: _____



APPLICATION TO RENT OR LEASE

Office (530)221-6211 ~ Fax (530)242-0631

Email ~ propworks@att.net

SUBMIT APPLICATIONS TO:

2805 Bechelli Lane,
Redding CA 96002

Please fill out application completely, front, and back. You must turn in all documentation required along with a \$45.00 fee. This fee covers our credit check, background check and all necessary verification that the forgoing is true and accurate. A separate application is needed for each occupant 18 years of age or older, or emancipated minor. WE WILL ONLY PROCESS COMPLETED APPLICATIONS WITH DOCUMENTS AND FEES

APPLICANT PERSONAL INFORMATION

First, Middle, Last Name	Date of Birth	Social Security #	Driver's License #
Other Names Used In the Last 10 Years	Home Phone	Cell Phone	Email Address

ADDITIONAL OCCUPANTS (List everyone who will live with you)

First, Middle, Last	Age	Relation to Applicant

EMPLOYMENT

	Current Employment	Prior Employment
Employer		
Address		
Supervisor Name /Phone		
Job Title		
Monthly Income	\$	\$
Dates of Employment	From: To:	From: To:

ADDITIONAL INCOME FROM ALL SOURCES

Source	Amount	Person Receiving Income
	\$	
	\$	
	\$	

RESIDENCE HISTORY

	Current Residence	Previous Residence	Previous Residence
Street Address			
City/State/Zip			
Dates of Stay	From: To:	From: To:	From: To:
Rent Amount Paid	\$	\$	\$
Manager/Phone #			
Reason for Leaving			

VEHICLES

Make	Model	Color	Year	License Plate #

PERSONAL REFERENCE

Name	Address	Phone #	Years Known

ADDITIONAL CONTACT AND EMERGENCY INFORMATION:

Name and number of nearest relative: _____

Person, **not living with you**, to notify in case of an emergency: _____

Do you authorize us to give personal/sensitive information to this person? YES or NO Select One

Phone #: _____ Relation to you: _____

ADDITIONAL INFORMATION: (Please circle YES or NO for each question and provide additional information)

- YES NO Do you or any additional occupant smoke? Select One
- YES NO Does anyone intend on using water filled furniture or aquariums? Select One
- YES NO Do you or any additional occupant have pets? (Dog/Cat/Other_____)
- YES NO Have you or any additional occupant been convicted of selling, possessing, manufacturing, or distributing a controlled substance or any other drug? Select One
- YES NO Have you or any additional occupant been named in an Unlawful Detainer (eviction) for non-payment of rent or violating health and safety laws? Select One
If yes, please give dates, location, and the reason: _____
- YES NO Do you have an outstanding balance with your current Landlord?
If YES what is the balance due? _____
- YES NO Do you currently carry Renter's Insurance? Select One

ADDITIONAL INFORMATION YOU WANT TO SHARE: _____

Why are you leaving your current residence? _____

The applicant hereby applies to rent/lease the property located at: _____ # _____
for \$_____ per month. Upon owner's approval applicant agrees to enter into a Rental Agreement and/or Lease. Rent and security deposit payment is required before occupancy.

Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords and employers and personal references. Applicant hereby authorizes Owner/Agent to look at social media accounts. Applicant hereby authorizes Owner/Agent to obtain Unlawful Detainer, Credit Reports, Tele checks, and/or criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. **In the event a material misstatement or misrepresentation is discovered after Applicant is accepted as a Resident, and whether or not a Lease or Month to Month Rental Agreement is executed, Owner may, at Owner's sole discretion, deem such misstatement or misrepresentation to be a material and non-curable breach of any subsequent Lease or Month to Month Rental Agreement and grounds for rescission of the contract and immediate eviction.** Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Signature: _____ Date: _____

An application fee of \$_____ is hereby submitted for the cost of processing this application, as specified above.

Office use only:☐ Fee Received ☐ Credit/Background Processed ☐ Verification of Provided Information